MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AF 1st AME	NDMENT	AFTER 2nd AMENDMENT	
	UND.	DEP.	IND.	DEP.	IND.	DEP.
1	\neg					
2						
3						
4			<u> </u>			
5	-	\3				
6		Ω				
7		9				
8						
9		\mathcal{C}				
10						
11	•					
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25					I	
26						
27						
28						
29						
30						
31						
32						
33						
34						
35]		<u> </u>	
36						
37						
38						
39			<u> </u>			
40						
41		ļ	ļ		ļ	
42		ļ		ļ	 	
43						
44						
45						
46						
47						
48			L			
49						
50						
TOTAL IND.	1			1		1
				 *	—	•
TOTAL DEP.	12	•			1	

s							
Ţ		*		*	_	*	
ţ		IND.	DEP.	IND.	DEP.	IND.	DEP.
ſ	51						
I	52						
ſ	53						
	54						
	55						
	56						
	57						
1	58				<u> </u>		
1	59			-		<u> </u>	
-	60			 	ļ	<u> </u>	
1	61			-	<u> </u>		
ŀ	62	<u> </u>		 		<u> </u>	<u> </u>
ŀ	63			-		 	
ŀ	64	 				 	ļ
ŀ	65			-		 	
ŀ	66	 		-		ļ	
ł	67 68	ļ			ļ. —	<u> </u>	
ł	69	 				 	
ł	70						
ŀ	71						
ŀ	72			 			
ł	73			†			
ŀ	74					 	
ŀ	75						
ł	76						
ŀ	77						
ŀ	78						
t	79						
t	80						
t	81						
I	82						
ſ	83						
	84						
ſ	85						
	86						
	87]					
	88			السل			
1	89	<u> </u>					
ļ	90	 				ļ	
1	91				ļ		
1	92		<u> </u>				
1	93			ļ			
1	94			 			
1	95 96						
ŀ	96					\vdash	
ŀ	98						
1	99						
}	100						
ŀ	TOTAL					\vdash	
1	IND.	l	1		_1		_1
1	TOTAL DEP.						
ſ	TOTAL CLAIMS						
•							

 * MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS